

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 12/02/02.

I. DISPUTE

Whether there should be reimbursement for CPT codes 95851, 99213, 97265, 97250, 97122, 97113, 99213-MP, 99080-73, and 97750-MT for dates of service 01/17, 01/22, 03/26, 03/28, 03/29, 04/01, 04/04, 04/08, 04/19, 04/26, 04/29, 05/09, 05/10, 05/14, 06/12, 06/17, 06/19, 06/21, 06/24, 06/26, 06/28, 07/01, 07/03, 07/03, 07/08, 07/10, 07/12, 07/15, 07/17, 07/19, 07/24, 07/26, 07/29, 07/31, 08/02, 08/05, 08/08, 08/09, 08/12, 08/14, 08/15, 08/16, 08/19, 08/21, 08/23, 08/27, 08/28, 08/30, 09/03, 09/04, and 09/06/02. ____ with ____ submitted an updated table of disputed services on 03/25/04. The updated table excludes services that were on the original table that are no longer in dispute.

II. RATIONALE

- CPT code 95851 on dates of service 01/17/02 and 01/22/02. The respondent denied the service as “L- Not treating doctor”. ____, DC is listed as the treating doctor with TWCC for these dates of service. ____, DC is listed on the HCFA's as the provider of the services in dispute. Reimbursement in the amount of \$72.00 (\$36.00 x 2 dates of service) per TWCC Rule 126.9.
- CPT code 95851 on dates of service 06/26, 07/26, 08/21/02 and 09/03/02. The respondent denied the service as “L- Not treating doctor”. The patient continued chiropractic treatment with Dr. ____ who is within the same practice and under the same tax id number as ____, DC. A referral from the treating doctor or a TWCC 53 requesting a change in treating doctor is not necessary. Reimbursement in the amount of \$144.00 (\$36.00 x 4 dates of service) is recommended.
- CPT code 99213 on dates of service 03/26, 03/28, 06/17, 06/19, 07/03, 07/10, 07/12, 07/15, 07/17, 08/27, 08/28, 08/30, 09/03, and 09/06/02. The respondent denied the service as “L- Not treating doctor”. The patient continued chiropractic treatment with Dr. ____ who is within the same practice and under the same tax id number as ____ DC. A referral from the treating doctor or a TWCC 53 requesting a change in treating doctor is not necessary. Reimbursement in the amount of \$672.00 (\$48.00 x 14 dates of service) is recommended.

- CPT code 99213 on dates of service 04/02 and 04/26/02. The respondent denied the service as “T-treatment guidelines”. The payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after January 1, 2002 per Advisory 2002-11. CPT code 99213 will be reviewed per the 1996 Medical Fee Guideline. The S.O.A.P. notes support the delivery of service. Reimbursement in the amount of \$96.00 (\$48.00 x 2 dates of service) per TWCC Rule 133.307 (g)(3)(A-F).
- CPT code 97265 on dates of service 03/26, 03/28, 03/29, 04/08, and 04/19/02. The respondent denied the service as “L- Not treating doctor”. The patient continued chiropractic treatment with Dr. ____ who is within the same practice and under the same tax id number as ____, DC. A referral from the treating doctor or a TWCC 53 requesting a change in treating doctor is not necessary. Reimbursement in the amount of \$215.00 (\$43.00 x 5 dates of service) is recommended.
- CPT code 97265 on dates of service 04/01, 04/29, 05/09, and 05/14/02. The respondent denied the service as “T-treatment guidelines”. The payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after January 1, 2002 per Advisory 2002-11. CPT code 97265 will be reviewed per the 1996 Medical Fee Guideline. The S.O.A.P. notes support the delivery of service. Reimbursement in the amount of \$172.00 (\$43.00 x 4 dates of service) per TWCC Rule 133.307 (g)(3)(A-F).
- CPT code 97250 on dates of service 03/26, 03/28, 03/29, 04/08, 04/19, 07/10, 07/12, 07/15, 08/05, 08/14, 08/16, 08/19, 08/21, 08/23, 08/27, 08/28, 08/30, 09/03, and 09/06. The respondent denied the service as “L-Not treating doctor”. The patient continued chiropractic treatment with Dr. ____ who is within the same practice and under the same tax id number as ____, DC. A referral from the treating doctor or a TWCC 53 requesting a change in treating doctor is not necessary. Reimbursement in the amount of \$817.00 (\$43.00 x 19 dates of service) is recommended.
- CPT code 97250 on dates of service 04/01, 04/29, 05/09, and 05/14/02. The respondent denied the service as “T-treatment guidelines”. The payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after January 1, 2002 per Advisory 2002-11. CPT code 97250 will be reviewed per the 1996 Medical Fee Guideline. The S.O.A.P. notes support the delivery of service. Reimbursement in the amount of \$172.00 (\$43.00 x 4 dates of service) per TWCC Rule 133.307 (g)(3)(A-F).

- CPT code 97122 on dates of service 03/26, 03/28, 03/29, 04/08, 04/19, 07/10, 07/12, 07/15, 08/05, 08/14, 08/16, 08/19, 08/21, 08/23, 08/27, 08/28, 08/30, 09/03, and 09/06/02. The respondent denied the service as “L-Not treating doctor”. The patient continued chiropractic treatment with Dr. ____ who is within the same practice and under the same tax id number as ____, DC. A referral from the treating doctor or a TWCC 53 requesting a change in treating doctor is not necessary. Reimbursement in the amount \$665.00 (\$35.00 x 19 dates of service) is recommended.
- CPT code 97122 on dates of service 04/01/02, 04/29/02, 05/09/02, and 05/14/02. The respondent denied the service as “ T-Treatment Guidelines”. The payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after January 1, 2002 per Advisory 2002-11. CPT code 97112 will be reviewed per the 1996 Medical Fee Guideline. The S.O.A.P. notes support the delivery of service. Reimbursement in the amount of \$140.00 (\$35.00 x 4 dates of service) per TWCC Rule 133.307 (g)(3)(A-F).
- CPT code 97113 on dates of service 03/26/02, 03/28/02, 03/29/02, 04/19/02, 06/17/02, 06/19/02, 06/21/02, 06/24/02, 06/26/02, 06/28/02, 07/01/02, 07/03/02, 07/08/02, 07/10/02, 07/12/02, 07/15/02, 07/19/02, 07/24/02, 07/26/02, 07/29/02, 08/02/03, 08/05/02, 08/08/02, 08/09/02, 08/12/02, 08/14/02, 08/16/02, 08/19/02, 08/21/02, 08/23/02, 08/27/02, 08/28/02, 08/30/02, and 09/06/02. The respondent denied the service as “L-Not treating doctor”. The patient continued chiropractic treatment with Dr. ____ who is within the same practice and under the same tax id number as ____, DC. A referral from the treating doctor or a TWCC 53 requesting a change in treating doctor is not necessary. Reimbursement in the amount \$5,304.00 (\$52.00 x 102 units on 34 dates of service) is recommended.
- CPT code 97113 on dates of service 04/01/02, 04/29/02, 05/09/02, and 06/14/02. The respondent denied the service as “T-Treatment Guidelines”. The payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after January 1, 2002 per Advisory 2002-11. CPT code 97113 will be reviewed per the 1996 Medical Fee Guideline. The S.O.A.P. notes support the delivery of service. Reimbursement in the amount of \$624.00 (\$52.00 x 12 units) per TWCC Rule 133.307 (g)(3)(A-F).
- CPT code 99213 MP on dates of service 03/29/02, 04/08/02, 04/19/02, 08/05/02, 08/14/02, 08/16/02, 08/19/02, 08/21/02, and 08/23/02. The respondent denied the service as “L-Not treating doctor”. The patient continued chiropractic treatment with Dr. ____ who is within the same practice and under the same tax id number as ____, DC. A referral from the treating doctor or a TWCC 53 requesting a change in treating doctor is not necessary. Reimbursement in the amount of \$432.00 (\$48.00 x 9 dates of service) is recommended.

- CPT code 99213 MP on dates of service 04/01/02, 04/29/02, 05/09/02, 05/14/02. The respondent denied the service as “T-Treatment Guidelines”. The payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after January 1, 2002 per Advisory 2002-11. CPT code 99213 MP will be reviewed per the 1996 Medical Fee Guideline. The S.O.A.P. notes support the delivery of service. Reimbursement in the amount of \$192.00 (\$48.00 x 4 dates of service) per TWCC Rule 133.307 (g)(3)(A-F).
- CPT code 99080-73 on date of service 05/10/02. The respondent denied the service as “T-Treatment Guidelines”. The payment exception code "T" is no longer valid and cannot be used to reduce or deny payment by an insurance carrier for dates of service on or after January 1, 2002 per Advisory 2002-11. CPT code 99080-73 will be reviewed per the 1996 Medical Fee Guideline. The S.O.A.P. notes support the delivery of service. Reimbursement in the amount of \$15.00 per TWCC Rule 133.307 (g)(3)(A-F).
- CPT code 99080-73 on dates of service 06/12/02 and 08/15/02. The respondent denied the service as “L-Not treating doctor”. The patient continued chiropractic treatment with Dr. ____ who is within the same practice and under the same tax id number as ____, DC. A referral from the treating doctor or a TWCC 53 requesting a change in treating doctor is not necessary. Reimbursement in the amount \$30.00 (\$15.00 x 2 dates of service) is recommended.
- CPT code 97750-MT on date of service 07/31/02. The respondent denied the service as “L-Not treating doctor”. The patient continued chiropractic treatment with Dr. ____ who is within the same practice and under the same tax id number as ____, DC. A referral from the treating doctor or a TWCC 53 requesting a change in treating doctor is not necessary. Reimbursement in the amount \$43.00 is recommended.
- CPT code 97110 on dates of service 09/03/02 and 09/04/02. The respondent denied the service as “L-Not treating doctor”. The patient continued chiropractic treatment with Dr. ____ who is within the same practice and under the same tax id number as ____, DC. A referral from the treating doctor or a TWCC 53 requesting a change in treating doctor is not necessary. Reimbursement in the amount \$70.00 (\$35.00 x 2 dates of service) is recommended.
- CPT code 97116 on dates of service 09/03/02, 09/04/02 and 09/06/02. The respondent denied the service as “L-Not treating doctor”. The patient continued chiropractic treatment with Dr. ____ who is within the same practice and under the same tax id number as ____, DC. A referral from the treating doctor or a TWCC 53 requesting a change in treating doctor is not necessary. Reimbursement in the amount \$114.00 (\$38.00 x 3 dates of service) is recommended.

IV. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is** entitled to reimbursement in the amount of **\$9,989.00**. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **\$9,989.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 11th day of June 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

Roy Lewis, Supervisor
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